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Amendment No. 1 to HB1926

Kisber

Signature of Sponsor

AMEND Senate Bill No. 1894

House Bill No. 1926*

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1.

(a) There is hereby created a special joint committee to study whether economic or market benefits exist in Tennessee's health insurance market for those persons or entities that have not participated in the TennCare program, including insurance and managed care entities, employers, providers, and other individuals or entities.

(b) The committee shall consist of five (5) members of the House of Representatives and five (5) members of the Senate, to be appointed by the respective speakers. Two (2) of the Senate members shall be members of the Senate Commerce, Labor and Agriculture Committee and two (2) of the Senate members shall be members of the Senate Finance, Ways and Means Committee. Two (2) of the House members shall be members of the House Commerce Committee and two (2) of the House members shall be members of the House Finance, Ways and Means Committee.

(c) All appropriate state agencies shall provide assistance to the special joint committee upon request of the chair.

(d) All legislative members of the special joint committee who are duly elected members of the General Assembly shall remain members of such committee until the committee reports its findings and recommendations to the General Assembly.

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(e) The special joint committee shall be convened by the member with the most years of continuous service in the General Assembly, and at its first meeting shall elect a chair, vice-chair, and such other officers the committee deems necessary.

(f) The special joint committee shall timely report its findings and recommendations, including any proposed legislation or interim reports, to the One Hundred Second General Assembly no later than February 1, 2002, at which time the committee shall cease to exist.

SECTION 2. Tennessee Code Annotated, Section 56-32-204(a), as amended by Public Chapter 151 (House Bill No. 1156 / Senate Bill No. 712), is further amended by deleting subdivision (2), which reads as follows:

(2) The health maintenance organization will effectively provide or arrange for the provision of basic health care service on a prepaid basis through insurance or otherwise, except to the extent of reasonable enrollee cost sharing requirements such as copayments, deductibles or coinsurance. Provided however, for basic health care services through participating in-network providers, the enrollee's cost share shall not exceed twenty percent (20%).

And by substituting instead the following:

(2) The health maintenance organization will effectively provide or arrange for the provision of basic health care service on a prepaid basis through insurance or otherwise, except to the extent of reasonable enrollee cost sharing requirements such as copayments, deductibles or coinsurance. Provided

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however, for basic health care services through participating in-network providers, the amount of coinsurance paid by the enrollee shall not exceed twenty percent (20%).

SECTION 3. This act shall take effect upon becoming law, the public welfare requiring it.